

NOV 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38141

1. PLACE OF DEATH

County Livingston
Township Sampsel
City

Registration District No. 508
Primary Registration District No. 3676

File No.
Registered No. 135
St. Ward

2. FULL NAME Patricia Ann Powers

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1937

7. AGE YEARS 0 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or mins.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, Missouri

13. NAME Marvin Powers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bogard, Missouri

15. MAIDEN NAME Helen Rupe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sampsel, Missouri

17. INFORMANT (ADDRESS) Marvin Powers Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 10-15 19 37

19. UNDERTAKER (ADDRESS) F. B. Norman Chillicothe, Missouri

20. FILED Oct. 14, 1937 Caused by Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1937, to Oct 13, 1937

I last saw him alive on Oct 11, 1937 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Spina-Bifida
Complicated by
Hydrocephalus

Date of onset

Other contributory causes of importance: 1570

Name of operation clinical Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (Violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) F. B. Norman, M. D.
(Address) Chillicothe, Mo

